

illomavirus vaccine acceptance in Asian populations. **METHODS:** Students studying undergraduate health professional courses (Medicine, Dentistry, Pharmacy, Nursing) in a private medical University in Kuala Lumpur, Malaysia in the period from June 2014–January 2015 were selected. The participants' demographic details were gathered by a self-administered questionnaire. The contingent valuation method was used to assess each respondent's willingness to pay to take HPV vaccination and reduce the risk of cervical cancer. This method represents a single "take it or leave it offer", whereby people are asked if they are willing to pay a specific pre-determined price for the benefit presented. **RESULTS:** The mean age of the respondents was 23.5 years, (SD  $\pm 1.0$ ). 55.2% reported as being in a relationship. Most of the participants were willing to pay an amount up to RM 500 to receive HPV vaccination. The median WTP for HPV vaccination is RM 465. Age, gender, and the patient's perceived health status at baseline were not associated with WTP. Respondents who are in a relationship (committed and dating) showed greater interest in vaccinating themselves and the relationship status emerged as unique predictors; Committed (OR = 2.20,  $P < 0.05$ ) and dating (OR = 2.20,  $P < 0.05$ ). **CONCLUSIONS:** Avoidance of human papillomavirus infection and cervical cancer may have considerable value to the undergraduate students of health professional courses and this data will help future validation in a larger population in Malaysia.

## CANCER – Health Care Use & Policy Studies

### Pcn257

#### INSURANCE PLAN SWITCH PATTERNS AMONG BREAST CANCER PATIENTS COMPARED TO NON-CANCER PATIENTS

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**OBJECTIVES:** High cost and highly effective cancer treatment are changing the survivorship landscape with implications for pharma, payers and patients. High initial cost of care may be mitigated by lower global cost of care and significantly lower subsequent year cost. However, such long term value may be lost if patients switch coverage at general market frequency. We compared published benchmark coverage switch data to a breast cancer and non-cancer cohort to evaluate if patients with a cancer diagnosis are less likely to switch coverage. **METHODS:** Breast cancer patients and a control group of non-cancer patients were identified using data obtained from the Cardinal Health Specialty Solutions Revenue Cycle Management (RCM) medical claims database. Patients had a claim during the 12 month period ending April 2014, were 60 years old or younger, diagnosed as of 2011 or later, and had at least 3 years of follow-up data available. Payer information at index period and at time of switch was recorded and insurance patterns examined. Data was analyzed using a chi-square test and Kaplan-Meier graphs. **RESULTS:** There were 1440 patients with breast cancer and 3950 patients with non-cancer diagnoses in the final study sample. Breast cancer patients switched payer at a statistically lower proportion than the non-cancer control group, 22.7% versus 26.0% respectively ( $p=0.014$ ). Time to payer switch estimated through a Kaplan-Meier analysis demonstrated a longer time to payer switch for breast cancer patients versus the control group (3.59 years versus 3.56 years,  $p=0.037$ ). **CONCLUSIONS:** Despite protection against pre-existing condition uninsurability, a lower proportion of breast cancer patients switched payers during the study time window and had a longer estimated time to payer switch. Such trends will be of interest to payers and pharma as both seek understanding of value based care for their respective businesses.

### PCN258

#### SOCIAL BURDEN OF CHRONIC HCV INFECTION IN PATIENTS WITH HEPATOCELLULAR CARCINOMA

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**OBJECTIVES:** HCV infection caused 1,2 million DALY in 2002 in Europe and 200 104 YLDs. 1% of these YLDs resulted from HCV-related hepatocellular carcinoma. The objective of the present study is to calculate the DALY for patients with HCV-related HCC in Bulgaria. **METHODS:** It is a retrospective real-life observational study of 445 patients with hepatocellular carcinoma registered in the National Cancer Registry for 2-year period (2012–2014). Data on demographic, clinical characteristics, previous, and concomitant diseases of the liver was collected from the patient registries. DALYs for these patients was calculated based on the WHO methodology. **RESULTS:** 350 of the observed patients were diagnosed with HCC in 3rd and 4th stage and 280 of the patients were in productive ages. The mortality rate was significantly high – 83% for the observed period. Chronic HCV infection and cirrhosis were found to be leading pathology for the development of HCC as ~ 20% of the patients with HCC and previous/concomitant liver diseases reported chronic hepatitis C infection and cirrhosis. For the 445 patients were calculated 798 years life lost (YLL) and 958 years lived with disability (YLD). DALY accounted for 1756. **CONCLUSIONS:** HCV-related cirrhosis and HCC implicit high social burden. The high mortality rate causes huge productivity losses for the society.

### PCN259

#### A LOSS OF CHANCE INDEX: A NEW TOOL FOR OPTIMIZING PATIENT ACCESS TO INNOVATIVE DRUGS

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**OBJECTIVES:** Our objectives were to report time-lags between European Marketing Authorisation (EUMA) and French Pricing and Reimbursement Decision (FPRD) for recent innovative anti-cancer drugs and to quantify the corresponding patient loss of chance. **METHODS:** We included 2012–2013 EMA-approved anti-cancer drugs in solid tumours and calculated the time-lag between EUMA and FPRD. Official pivotal

trials' data were retrieved from the Haute Autorité de Santé (HAS) website and the Number Needed to Treat (NNT) to prevent one event (progression, death) was estimated. An Absolute Loss of Chance (ALOC) index was calculated over the time-lag period and per time unit combining NNT and HAS target population size. Drugs with level 5 Added Medical Value (ASMR, Amélioration du Service Médical Rendu) were excluded. **RESULTS:** Twelve drugs were granted a EUMA for solid tumours in 2012 and 2013 with level 2–4 Added Medical Value: one drug of level 2-important (trastuzumab emtansine), five drugs of level 3-moderate (cabazitaxel, vemurafenib, crizotinib, pertuzumab, and enzalutamide), and six drugs of level 4-minor (eribulin, ipilimumab, abiraterone, vandetanib, axitinib, and vismodegib). The time-lags between EUMA and FPRD ranged from 7.4 months (enzatamide) to 29.9 months (cabazitaxel). Concurrently, the overall ALOC ranged from 9 to 799 medical events which might have not been prevented unless alternative access (Compassionate, Clinical Trials), depending on drug, indication and time-lag. **CONCLUSIONS:** Early patient access for innovative drugs in oncology might help preventing a substantial number of progressions and deaths. ALOC might support patient access decision making process.

### PCN260

#### BURDEN OF METASTATIC RENAL CELL CARCINOMA IN FRANCE FROM 2008 TO 2013: ANALYSIS OF THE FRENCH NATIONAL HOSPITAL DATABASE

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**OBJECTIVES:** The aim of this study was to assess the burden of hospitalizations for metastatic renal cell carcinoma (mRCC) from 2008 to 2013 in France. **METHODS:** A retrospective analysis was performed using the French national hospital database (PMSI). Hospital stays for mRCC between 2008 and 2013 were identified by combining the International Classification of Diseases-10th revision (ICD-10) codes for renal cell carcinoma (C64) and codes for metastasis (C77 or C78 or C79). Among hospital stays, incident cases were selected and followed for at least 1 year. Descriptive analyses were performed with a focus on hospital stays and patient characteristics. **RESULTS:** Overall, 26 124 adult patients (median age at diagnosis 71 years [18–102] years); 67.8 % male) were hospitalized for mRCC, corresponding to 123 385 hospital stays mainly in public settings (80.1%). Among those patients, 13 517 (51.7 %) had lung metastasis, 10 149 (38.8%) had bone and bone marrow metastasis, 7 553 (28.9%) had liver metastasis and 3 538 (13.5%) had brain metastasis. The number of new cases per year was stable while the number of hospitalizations increased 37.4% from 2008 to 2013. Death in a hospital setting was reported for 4 443 (17%) patients. During the study period, there were 36 205 (29.3%) hospital stays for chemotherapy and immunotherapy, 9 400 (7.6%) hospital stays for radiotherapy and 5 956 (4.8%) hospital stays for palliative care. The mean length of stay at diagnosis was 10.1 (SD: 13.9) vs. 4.4 (SD: 9.3) days for subsequent stays. **CONCLUSIONS:** To our knowledge this is the first study to provide an overview of the burden of mRCC in French hospitals between 2008 and 2013 and constitutes the preliminary step in assessing the economic burden of hospitalizations for mRCC.

### PCN261

#### VALUE OF ASSESSING THE BURDEN OF HOSPITALIZATIONS FOR METASTATIC MELANOMA IN THE ERA OF TARGETED THERAPIES: ANALYSIS OF THE FRENCH NATIONAL HOSPITAL DATABASE FROM 2008 TO 2013

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**OBJECTIVES:** The aim of this study was to describe the burden of metastatic melanoma in public and private hospitals between 2008 and 2013 in France. **METHODS:** The French national hospital database (PMSI) was analyzed to identify adults newly diagnosed with metastatic melanoma between 2008 and 2013. Using the International Classification of Diseases 10th revision codes for melanoma (C43) and for metastasis (C77 or C78 or C79), the number of hospital admissions for metastatic melanoma was identified and thereafter the corresponding number of hospitalized patients was determined. Descriptive analyses were performed with a focus on hospital stays and patient characteristics. **RESULTS:** Between 2008 and 2013, 16 188 patients (median age at diagnosis 66 years [18–103]; 54.6 % male) were hospitalized for metastatic melanoma, corresponding to 104 731 hospital admissions mainly in public settings (94.8%). We identified 27 523 (26.3%) hospital admissions for chemotherapy and immunotherapy and only 2 943 (2.8%) hospital admissions for palliative care. 24.0% of diagnosis related groups were classified as surgery procedures. Hospital admissions were mainly performed in three regions: Ile-de-France (18.6%), Rhône Alpes (13.1%) and Aquitaine (12.6%). The mean length of stay was 3.2 days (SD: 7.1). 39.8% of patients had 1 site of metastasis, 18.0% had 2 sites of metastasis and 42.1% had at least 3 sites of metastasis. The most common sites of metastasis were lung in 36.8% of patients, liver in 28.8% of patients and brain in 27.8% of patients. Death in a hospital setting was reported for 10.3% of patients. **CONCLUSIONS:** This analysis allows us to strengthen our knowledge regarding the burden of metastatic melanoma which represents a first step in assessing the cost of hospitalizations related to metastatic melanoma. Such analysis is useful for economic modeling especially with the arrival of innovative treatments.

### PCN262

#### SEARCH FOR CLINICALLY AND ECONOMICALLY EFFECTIVE LYMPHOMAS TREATMENT

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**OBJECTIVES:** There is an acute problem concerning lymphoma treatment in Ukraine. Previously, due to unavailability of up-to-date chemotherapy (CT) regimes, only 20% of lymphoma patients had a chance for persistent remission after the treatment, 40–60% of patients had response to treatment and only 35% of patients had 5-year survival rates. Today's clinical protocols of therapy in lymphoma patients take into account world's experience. **METHODS:** Clinical Practice Guidelines for the Diagnosis and Management of Lymphoma. A National Health and Medical Research